



HOUSTON FEDERAL EXECUTIVE BOARD
2320 LA BRANCH ST., STE 1107
HOUSTON, TX 77004
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<https://www.oklahoma.feb.gov/HoustonBoard.html>



Volunteer Intent to Host a Closed Point of Dispensing (POD) or Declination

A **Closed** Point of Dispensing (**POD**) Site is a location that is operated by an agency or interagency group to serve employees and their families and contractors and their families in the event of a medical emergency. **Closed PODs** are not open to the public.

I understand that by signing this volunteer intent, I have identified that my agency does not need medications through the FEB-coordinated efforts OR that in the event of a medical emergency or biological release which may activate the FEB's medical countermeasure initiative, the person(s) identified below will pick up medications for our POD from the Alpha POD, US Coast Guard.

Upon completion, we understand that we are responsible for returning the unused medications and the proper documentation for each dose dispensed to the Alpha POD to be returned to the State Department of Health and ultimately to the Centers for Disease Control (CDC). All documentation will be protected due to the confidentiality of information contained.

[] Our agency employees/contractors/families are covered by other resources so we do not need medications provided through the FEB coordinated efforts.

[] Our Volunteer Closed POD will also provide final reporting numbers to the Houston FEB:

- 1) How many doses picked up,
- 2) How many dispensed,
- 3) How many returned to the Alpha POD along with how many forms.

Agency Volunteering for Closed POD: _____

Address of Closed POD when activated: _____

of Employees and/or Contractors to be served: _____

Name, Title, Email & Phone of individual authorized to pick up from Alpha POD & alternate:

Alternate: _____

Agency Official entering into this agreement (type/print): _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Houston FEB Director Approval: _____ Date: _____